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PATRON OF NURSES

Saint of the Red Cross

I BESEECH you to pray for me," Camillus said to the General of the Carmelites who visited him on his death bed, "for I have been a great sinner, a gambler and a man of a bad life." Today, we know him as St. Camillus, patron of the sick, hospitals, NURSES and Saint of the Red Cross. The large Red Cross worn by the members of the order, founded by him, known as MINISTERS OF THE SICK, antedated by 300 years the emblem of the modern Red Cross as a symbol of aid in time of public distress.

Camillus de Lellis was born in 1550, the son of a soldier. In his youth he gave little promise to be anything else than a fighting gambler. It is reported that he could swear in all the dialects of the Italian language and that he would put up his last shirt on a roll of dice. When he should have been in school he was playing on the streets or dreaming of his father's warring adventures, longing for the day when he could join him. One thing only, could be said in his favor. In spite of all his waywardness, he learned from his mother a deep respect for religion. He believed in prayer, though he seldom prayed. He believed in the sacra-

ments too, though he seldom received them.

There was plenty of fighting in those days and soldiers of fortune had little difficulty in finding occupation. Camillus and his father enjoyed this wild life to the full as long as they were paid for fighting, no matter for whom. One day on their way to Venice both fell ill on the road, and in a short time his father died, but not without receiving the last Sacraments.

His father's death touched him deeply. He made a vow to try to live a better life, by entering a monastery, but when he sought admittance to the Franciscans, they on learning of his former wild life refused him admittance.

Time and again grace made itself felt to this tramp-soldier. An old wound in his left leg which he had received in battle, opened and became such a malady that even his gambling companions deserted him. Forced to give up his itinerant life for a time, he took up a servant's position in St. James' Hospital for Incurables, in Rome, in return for treatment. Before long, however, his old vice of gambling showed up and he was dismissed from the hospital, but his acquaintance with the sick and suffering made a deep

impression on him.

One day a nobleman asked him to work on the construction of a monastery. At first, Camillus paid no heed to the invitation but then moved by grace, he returned. He hated the work of carrying bricks and leading the donkeys carrying sand, but he conquered himself in spite of the taunts of his bad companions. This was the turning point in St. Camillus' life. Once and for all, he decided to give up his evil ways. Twice he entered the Capuchin monastery and twice he had to leave because the rough Capuchin habit irritated his leg.

Camillus was now 31 years of age. When he returned to St. James, after his failures in the religious life, he was gladly welcomed back. For the previous five years he had served faithfully at the hospital. This time he was appointed Superintendent of the servants, and in those days that included the nurses—all men. The "new man Camillus" began to love the patients in the hospital, seeing in them the Person of Jesus Christ suffering. The more he loved them, the more troubled he was by the treatment they received . . . even at St. James which was a well-regulated hospital. One night it occurred to him that good nursing depended on love, and that the more it could be independent of wages, the better it would be. He conceived the idea of committing this work to a group of generous souls who would render service to the sick for the love of God and their own sanctification. With this in mind he carefully selected five men among his fellow servants.

Camillus also foresaw that in order for his "crusade of charity" to be effective the sick must be cared for in body and soul—therefore there must be both nurses and

priests. All agreed that Camillus should study for the priesthood.

Camillus was greatly concerned with training his religious in the best possible way. The younger members, or probationers, were brought to the hospital where he taught them the theory and practice of nursing. He showed them how to handle patients; how to make their beds; how to administer medicines prescribed by the physicians; how to provide fresh air and ventilation in the hospital wards—all these were innovations in hospital care—introduced by Camillus himself. In this work in fact, Camillus was one of the first to recognize the need of *professional* nurses.

From then on his charity expanded to include every phase of human misery wherever he found it. When they suggested to him that it was enough to help those who came to them, he said to them: "If no poor could be found in the world, men ought to go in search of them, and dig them up from underground to do them good, and to be merciful to them."

In 1607 he resigned from the office of Superior General of his Congregation to spend the last years of his life in humble obedience. As long as he could drag himself about he continued to visit the sick in the hospitals. And on his dying bed he reminded his brethren that "a brave soldier dies on the battlefield, a good servant of the sick in the hospital."

The Red Cross displayed on the habit of Camillus and his ministers of the sick, was and continues to be, an indication that their hearts, minds and limbs, are consecrated to the relief, comfort, and love of the sick and dying, who represent for them the visible and suffering Christ. It was in that sense that the Red Cross was first conceived.



Sr. M. Martin, R.N. and two Pakistani nurses, Holy Family Hospital, Rawalpindi.

A Vital Task . . . Training Nurses

Sr. M. Clare, M.S., H.A.

THIS issue of the Medical Missionary highlights a most important part of our medical mission work — the training of nurses.

The world needs nurses. There is need even in the United States, a country blessed with a high-standard of living, a nation which counts 390,000 nurses on its active registry. It has been calculated that 50,000 more nurses are required for adequate nursing service in this country.

If such is the picture in the United States, a leader in world health, it is not difficult to imagine the need for nurses in those Asian nations where poverty and disease have produced a vicious cycle; where people are sick because they

are poor and poor because they are sick.

Realizing that unless some solution to these health problems is assured, there can be no real economic or social progress for the country, Eastern nations are tackling their own vast health problems with determined efforts to reach and maintain better health standards. They have been quick to recognize that the training of adequate numbers of health workers is basic to any national program which aims at securing better health for its citizens.

Our Society has always considered the training of health workers to be a task of the greatest importance. Four months after the foundation of our first mission

hospital in Rawalpindi, the Sisters began to train Indian nurses.

In 1941, a training school was started in connection with Holy Family Hospital, Patna. Today, it is the largest Catholic School of Nursing in India and its graduates are scattered over the country; nursing in villages, in the armed forces, in city hospitals. Some are members of religious communities and they are in turn teaching others what they have learned.

Mandar's Holy Family Hospital School of Nursing was begun in 1949 and is presently training a group of 50 students.

For 17 years, the Sisters were in charge of nursing education at the Government hospital in Dacca.

Hospitals now under construction in India and Pakistan including our own Holy Family Hospital in Dacca

also have plans for nurses' training schools. In Africa, Holy Family Hospital, Berekum began the first Catholic School of Nursing in the Gold Coast two years ago. In Indonesia, the Government asked the cooperation of the Society in the training of midwives. Our Dutch Sisters have conducted a midwifery school there for the past eight years.

Our own schools of nursing and midwifery are thus able to play a small yet significant part in the fight for higher health standards by training as many young women as our limited facilities permit. They are teaching their students not only the art of nursing and midwifery but teaching them to value the dignity of each human being, preparing them to make a personal contribution to the health and welfare of their nation, be it India, Pakistan, Indonesia or Africa.

Nursing in India . . . Yesterday and Today

THERE are more details about nursing in the old records of India than in those of any other country. In the fourth century before Christ, the ancient Samhita books prescribed: "that person alone is fit

to nurse or to attend the bedside of a patient who is cool-headed and pleasant in demeanor, does not speak ill of anybody, is strong and attentive to the requirements of the sick and strictly and indefatigably follows the instruction of the physician."

Medicine and nursing reached its height in India about the year 750. After that period a retrogression took place most probably because of the Hindu caste system which regarded contact with patients of inferior castes as a source of pollution.

No more mention is made of health services in India until 1534 when a hospital was established by the Portuguese in Goa. Many others followed.

Florence Nightingale spent almost five years helping to compile a



Our 52 nurses in training, Patna Holy Family Hospital, India and Sr. Cyril, R.N.



Sr. M. Anastasia, R.N. checks the treatment tray, for the Indian student nurse, Patna.

report on health conditions in India. She begged the English Viceroy to improve medical facilities.

Toward the middle of the 19th century the trend for more and better hospitals was beginning to gain momentum. Nurses were recruited from foreign countries to staff the institutions. During this period also, Protestant medical missionaries who realized the importance of bringing aid to the women of India, began to train nurses. It was extremely difficult to get girls to come forward. Insufficient education, adverse public opinion which considered nursing a degrading work, child marriage, caste barrier among the Hindus and the Muslim women's seclusion were some of the reasons why women did not enter nurses' training schools. Christian women who were free from some of these restrictions were the first nurses and until recently they accounted for 90% of the country's nurses.

There was little uniformity in the type of training given to nursing students at this time. The North of India Board of Examiners for Mission Hospitals was started in 1907 and it became the first approving body. After its establishment other associations were formed to

lay down rules for the curriculum in nursing schools, to inspect hospitals, set a minimum standard for the basic education for student nurses and to examine and maintain a registry for nurses.

Nursing was being organized. Nurses began to take action together on matters affecting their profession. The Trained Nurses Association of India was formed and it has become a leading organization crusading for higher nursing standards and for the advancement of the profession in India.

So much for nursing in yesterday's India. Today, the prevailing attitude that nursing is a derogatory work is changing. The Government of India, the Trained Nurses Association and the international organizations such as W.H.O. and U.N.I.C.E.F. have done much to raise the status of the nursing profession in this country.

There is one nurse for every 20,000 persons in India. (U. S. has one per 400). It is easily seen that many more thousands are needed. Plans are in motion to recruit more women for nursing schools, facilities have been improved and progress has been made in providing a good grounding in the sciences basic to nursing and coordinating this theory with clinical practice.

With the improved standards, the profession is attracting women of higher intellectual background. The Government is laying particular stress on the education of health workers and the Trained Nurses Association continues to grow in influence and prestige.

It has only been within the past 25 years that Catholic hospitals have begun to take a more active interest in nursing matters in India. At present there are *only five* Catholic Schools of Nursing in India and our Society conducts two of them!

OUT OF PURDAH INTO THE SERVICE OF THEIR COUNTRY

Sr. M. Kathleen, R.N.

PAKISTAN is a new nation. It was born in 1947 when the adherents of Islam in India separated from their Hindu neighbors, grouped together and settled in specific sections of the sub-continent.

When this partition occurred, it left Pakistan with but a handful of nurses for a population of 75 million. The new government, aware of this acute shortage planned a nation wide recruitment of nurses. A number of women answered the plea for student nurses but in doing so they had to overcome the strong tradition which dictates that Muslim women live in seclusion, a custom which forbids them to be seen by any men except those of their own household. When out of doors they must wear a prescribed garment, the "burkah," which covers them completely. Living thus, in seclusion, the ordinary Muslim women did not receive much formal education nor was she prepared for an office where one must meet the public.

Missionary nurses both Catholic and Protestant came forward to help in the task of organizing nursing on a professional level in



Off-duty in "burkhs."

Pakistan. They formed the Trained Nurses Association of Pakistan and the Central Nursing Council modeled upon the Indian one of which they had been members. Sr. M. Dolores, S.C.M.M., R.N., who had long been interested and active in the development of nursing in Pakistan was the first president of the Trained Nurses Association. The organization has grown steadily until it now has about 500 members.

Our Holy Family Hospital School of Nursing in Rawalpindi is the only accredited Catholic nursing school in Pakistan. At present 59 students are receiving their nursing and midwifery training there. Most of them have had to overcome many obstacles before presenting themselves at Holy Family Hospital, Rawalpindi. Those of moderate means have had to surmount the disapproval of well meaning relatives. The poor have made sacrifices and worked hard to acquire the necessary education.

The majority of our students have only studied English as a subject for three years so one can imagine the diligence and applica-



Pakistani nurses in uniform.

tion necessary to learn anatomy, hygiene and nursing arts before the prescribed examination at the end of their first year. We teach in English since the Central Nursing Council has decided that only those who have taken their training in English will be regarded as fully qualified nurses. This decision was made because of the lack of textbooks in Urdu and because an Urdu training would automatically cut the Pakistani nurse off from any post graduate work abroad.

Our students at Holy Family Hospital, Rawalpindi, Pakistan are so earnest, so anxious to learn, eager to become good nurses. Talat is a good example. The daughter of a Muslim gentleman of moderate means, Talat is the apple of her father's eye. Her father believes that by becoming a nurse Talat will be in the best position to render aid to their new Muslim nation. His patriotism is strong. It had to be, to overcome his paternal solicitude.

When Talat first came to us he was a constant visitor, always bringing fruit, etc., for his daughter. He asked about making special arrangements for milk and other

things. But after the first year when he saw that Talat remained quite healthy, he didn't worry so much.

Talat worked hard—did well in class. She was very nervous when she started to do her practical procedures. This made her rather clumsy in the beginning but she had such a nice manner with the patients that they did not mind if her hand shook a little.

You would not recognize the shy, nervous probationer now in the conscientious, capable nurse who has just finished her three months in the operating room, coming through with flying colors.

Whenever Talat leaves the hospital, she wears her "burkah" although she has spent six months on male service where she took care of the men patients with kindness and dignity. Some of the ancient customs have given way but many still remain.

Talat is typical of our Muslim nurses — earnest, dignified, willing and patriotic. She brings skill, knowledge and devotion to her work as a nurse. By her example she is able to show that nursing is a noble profession and one in which the Pakistani woman can render much needed aid to the suffering people of her country.

Talat and her classmates can make their people understand that it is an honor and privilege to be able to serve God in their fellow men in the person of the sick. They can help build a healthy nation.

The task of training nurses today is a challenging one. Our Holy Family Hospitals have the privilege of participating in the establishment of the nursing profession on fertile soil. They have the opportunity to found nursing on the principles of Christian charity. Nursing in Pakistan

First Nurses in Berekum

Sr. M. Raphael, B.S., Pharm.

FIRSTS in anything are always of interest. And our first student nurses of Holy Family Hospital were no exception. Because education of girls in the Gold Coast is of comparatively recent origin there are few women in nursing in the Colony. When we came to Berekum in 1948 there were only about 25 girls in the ten grades of the Catholic School. This year there are over 300 enrolled. And Berekum is only a single instance of the increased numbers of girls now learning the three R's throughout Ashante and the Coast. It is from their ranks that the future nurses of the Gold Coast must come.

In January 1953 we started our first class of student nurses. In response to queries from girls, Sr. M. Camillus had sent application forms with instructions for the girls to send references, and await word from us as to whether they had been accepted, etc. The first response we got was Monica. She arrived about 8 P.M. bag and baggage (all on top of her head). She had come from the Coast, a two day's journey. Her father accompanied her. And for the next two weeks, on and around the entrance days, the rest arrived in similar fashion. All very casual and friendly, twelve in all.



They were put into uniform immediately (a simple white starched uniform) and began helping and learning on the wards, O.R., work-rooms, etc. They look very trim in their uniform. Uniformity in hosiery and footwear is easily achieved; the girls go barefoot, or wear a simple sandal. (Incidentally this type of sandal is the essence of simplicity in footwear: a leather sole to which is attached a bit of leather which comes up between the big toe, arches across the instep and joins the sole on either side. Dr. Scholl would never approve!)

Our girls follow the same curriculum as that of the Government schools in Kumasi and Accra. And they share the usual student nurses aversion to classes, and preference for bedside nursing. They are especially "eager beavers" when it comes to maternity or baby work . . . as is every African young woman.

It is amusing to see how frequently the probies "use their heads." Doctor sends Mary Nyamekye for a dressing tray. She may return to the ward with it atop her head, moving gracefully and unhurriedly.

Laetitia Mensah takes an instrument jar to be refilled with solution. As soon as she is out of the door, up it goes to her head. Newly-

arrived Sisters usually gasp in amazement, or groan in gloomy anticipation of a crash. Actually, the girls' balance is nigh perfect. And they are more likely to drop something from their hands than from their heads.

Recently Sr. M. Vincent was packing the autoclave when she caught an unusual sight out of the corner of her eye. A glow of light materialized in mid-air, from the door of the stove room. As Sister straightened up, the "light," a broad flame of fire streamed slowly past her eyes. Alice, a young probie, experiencing difficulty in lighting the primus stove (a single burner, pressure kerosene stove) had taken it into the stove room to get advice from a student nurse.

Once it was lighted, Alice was taking no chances on having to relight it immediately. So she took the stove back to the nursery . . . lighted . . . and on top of her head. If the fiery horse of the Apocalypse had pranced by, Sister would not have been more startled.

But no matter how often the girls are gently and firmly reminded that it is not the correct manner to carry hospital equipment, the instinctive habit of childhood persists. However, it is suddenly and satisfactorily broken on the day they get their caps. For these wee starched symbols of their profession take priority on their heads.

One Sunday, after Easter, our first class of girls got their caps. In



Sr. M. de Montfort, R.N. and one of the "firsts."

a simple ceremony after Benediction of the Blessed Sacrament, which the girls attended, nine of them received their little starched caps. They themselves added an unusual (and unexpected note) when they *backed up* to receive their caps to have them pinned on their heads, instead of taking them in their hands.

It's a long way to graduation, and not many "firsts" have persevered. However, we "keep the faith." Some day the Gold Coast will have many R.N.'s.

THE MEDICAL MISSIONARY

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The Ouran girl becomes a Nurse

Sr. M. David, R.N.

Ouran woman, Mandar, India.

AMIDST the plowing of the fields, the drumming of the villagers, the cooking of the two rice meals, the young Ouran, aboriginal girls in Mandar district, India, grow up. They help with the planting, cutting, harvesting of the rice, tend the smaller children, and herd the few oxen and goats, wash the few clothes at a nearby stream or pond of rain water, and carry the well water in clay pots balanced on their heads.

After a one or two day bus ride from Jashpur, Katka hi, or Tongo, the young girls arrive at Mandar's Holy Family Hospital about 6 P.M., all their possessions in a tin trunk; an umbrella, an enamel plate and cup for their rice, and the tall thin bottle of cocoanut hair oil. For many of them, Mandar is their first contact with modern medicine. From a simple home, where the mud floor serves as table, as bed,

and chair, where rice is eaten twice a day, from a brass bowl, with one's fingers, they come into our training school.

There are many adjustments at first, and one of the biggest is the adjustment to a pair of shoes. The shoes are not our "oxford" type, but open faced sandals. Out of respect, shoes are never worn into the Church, but left at the doorway. For any heavy or quick work in the hospital, the first gesture of assistance, is kicking off the sandals; then, the lifting of the bed or the chair. Once in the operating room, the scrub nurse, in breaking a tube of catgut for the Doctor, dropped a piece of the glass on the floor. As soon as the Doctor had the suture, she quietly slipped off one sandal, and picking the piece of glass between her toes, transferred it from the floor to the waste pail.

The tables about the hospital and

nurses quarters are things never before seen or used. The work bench has always been the floor. Baby Ignatia needs a change of clothing, so she is jumbled out of bed, and placed on the floor for the procedure. In the nurse's duty room, the treatment trays are always placed on the floor. The wash basins are there, the water pitchers. Education in the use of tables is long and tedious. It almost becomes a song: "Chairs are made for sitting, beds for sleeping and tables for placing!"

The language, written and spoken is another difficulty. In the village schools classes are conducted in Hindi; written work is done in Hindi script. In the Eighth class, Roman Hindi script and English are taught. The language of the home and family is not Hindi, but the "Mother Language," Ouran. There are few textbooks of nursing in Hindi, and our English nursing books are too advanced for the majority of high school students to read. The spelling of the English words is entirely phonetic, and in Nursing Arts, words look like this: kane, for can; besan, for basin; rabar, for rubber.

No "Sciences" are taught in the village schools. In teaching hygiene, terms such as disposal system, pipes, water supply, chemical disinfection, are not understood. The nearest description of a "bacteria" in Hindi, is—a small worm.

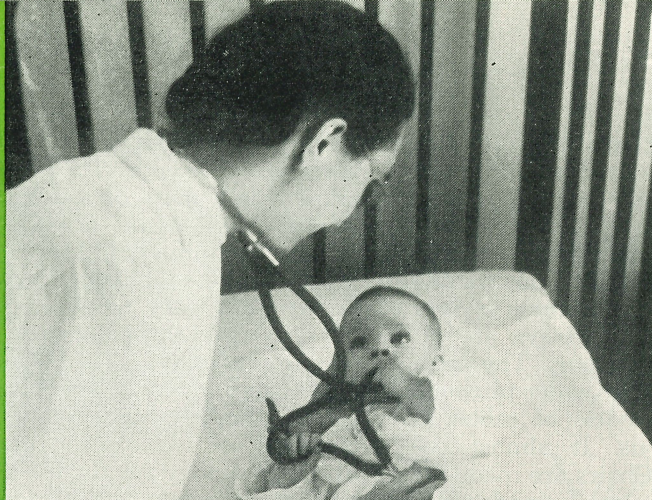
The medicines used in the hospital have no meaning to the student. She will tell the treatments and names of herbs used in the villages for the cure of diseases. Simple drugs as Aspirin, the name and action, must be memorized. To find the drugs in the hospital medicine cupboard; place the drug and amount correctly with the patient's medicine ticket, is an ordeal.

One of the first subjects taught is human anatomy. To the student mind it is a mass of some kind of things. Cell, tissue, organ, system are almost unintelligible. For gross anatomy, we caught, drowned, and preserved a very troublesome cat. We conducted three demonstrations of the anatomy. The "Ohs and Ahs" were many. The last class buried the cat, and today, three months later, we experimented in a little archeology for the cat's skeleton. It definitely is not ready. A human skeleton was ordered in the summer. Notice came of its arrival in December. But the wrong Mandar received it, and at present, extensive negotiations are going on for its shipment to Mandar, Ranchi. Maybe next years' class will see it.

I always liked the picture presented by the words: "If a man has Faith, he will say to this mountain, get out of my way, and by his strength, he will cast it into the sea!" There is the Faith that the Ourans will see the Spirit of Christ in the hospital work of our Ouran nurses.

R.I.P.

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Sr. M. Gregory, M.D., Georgetown Univ., Washington, D.C.



Prepared for the Task Ahead...

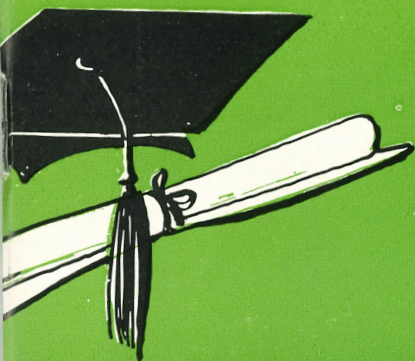


Sr. M. Regis, M.D., Woman's Medical College, Philadelphia, Pa., on Graduation Day.

NO need for our graduates to search for job opportunities. These Sisters were prepared for a purpose. Work in the medical mission apostolate awaits them.

In June, Georgetown University granted a degree in medicine to Sister M. Gregory Gates. Behind this statement lies the story of ten years preparation . . . the entrance into the Society of a young high school graduate, religious training in the Postulate and Novitate, pre-medical and medical studies . . . It took ten years but Sister M. Gregory is a Sister-Doctor today. She is now interning at Sacred Heart Hospital, Allentown, Pa., the last step of preparation before a mission assignment.

Sister M. Regis brought a college degree to the Society with her, so after religious training when she was selected to study medicine, Sister was ready to attend medical school. She received an "M.D." from Woman's Medical College, Philadelphia and this month began an internship at St. Francis Hos-



Sr. M. Jerome,
graduate St.
Mary's Hospital
School of Nurs-
ing, San Fran-
cisco, Calif.



Sr. M. Richard, S.C.M.M.

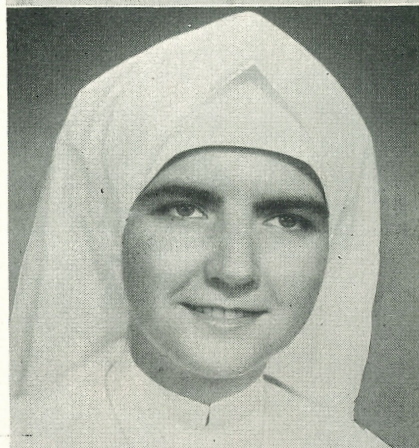
pital in Pittsburgh.

But doctors need nurses to assist them in caring for the sick. Five more are now ready, willing and waiting for mission assignments. Two of the five, appear on these graduation pages a second time, Sister M. Caroline, R.N., for having completed her studies in anesthesiology and Sister M. Felicitas, R.N., who was recently awarded a Bachelor of Science in Nursing by the Catholic University of America.

Since diagnostic facilities in a hospital are becoming more imperative with every advance in medical science, Sisters must be trained as technicians so that our mission hospitals can use these means effectively. Three of this year's graduates have completed training in medical technology and one in radiology.

Doctors, nurses, pharmacists and technicians are not the only participants in the medical mission apostolate. Our teachers, who have the task of training the postulants

Sr. M. Florence,
graduate, St.
Joseph's Hospital
School of
Nursing, Phila.



Sr. M. Caroline,
R.N., graduate
nurse anesthe-
tist, Mt. Carmel
Mercy Hospital,
Detroit, Mich.



Sr. M. Felicitas,
R.N., B.S. Nurs-
ing Education,
Catholic Univ.,
Wash., D.C. ...





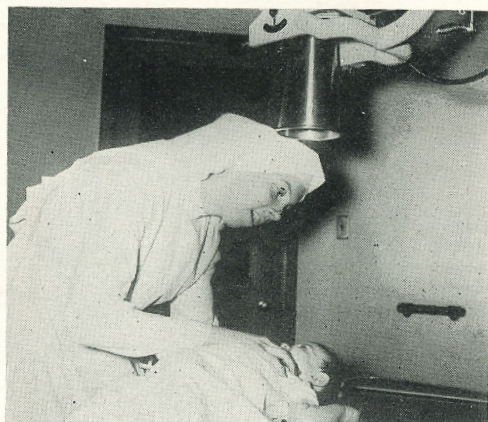
Sr. M. Bede, graduate, Fitzgerald-Mercy Hospital School of Medical Technology, Philadelphia.



and novices as religious and missionaries, are indispensable members of the apostolate. A Master of Arts in Liturgy degree from Notre Dame University is part of Sister M. Gerard's preparation for the important post of teaching in the Novitiate.

The Literature and Latin that Sister M. Lawrence learned at Chestnut Hill College are not out of place in our Medical Missionary Society.

Graduation for these Sisters is a real commencement. Their education was a preparation. What they have learned is now to be translated into positive efforts to extend Christ's kingdom on earth. As these Sisters complete their studies, others begin, so while thanking you for helping to make our 1955 graduations possible, we ask your continued support for September's students.



At Left, top to bottom:

Sr. M. Jacinta, graduate, Nazareth Hospital School of Medical Technology, Phila.

Sr. M. Lourdes, graduate, Misericordia Hospital School of Nursing, Phila.

Sr. M. Leonard, graduate, Fitzgerald-Mercy Hospital School of X-Ray Technology, Phila.

Sr. M. Philomena, graduate, Nazareth Hospital School of Medical Technology, Phila.





Sr. M. Gerard, M. A. in Liturgy, Notre Dame University, Indiana.



Sr. M. Lawrence, B. A., Chestnut Hill College, Phila., Pa.

MEASURING THE COST OF THEIR EDUCATION

IT'S HARD TO MEASURE THE GOOD THEY WILL DO IN THE MISSIONS

In September thirty-five Medical Mission Sisters will attend schools of medicine, pharmacy, nursing, technology and liberal arts. The Medical Mission Apostolate is an exacting one. The studies are long, tedious and expensive . . .

IT'S HARD TO MEASURE THE REWARD YOU WILL RECEIVE, IF YOU WOULD HELP TO EDUCATE . . .

- A Sister medical student tuition one year—\$900.**
A Sister pharmacy student tuition one year—\$575.
A Sister nurse (nursing education) — tuition one year—\$300.

Dear Mother Dengel:

I would like to help educate a sister doctor (), sister pharmacist (), sister nurse (). Please accept \$

Name _____

Address _____

City _____ Zone _____ State _____

"Chits"

from our missions

PATNA

The loo (hot wind from the desert) is here with a vengeance. Dust is blowing all over. Mr. Devandoss our "manager-sahib" is frantically trying to grow a lawn in front of the ward. Grass does cut down the amount of dust that blows around, but unfortunately there is no water to water the lawn. The municipal tanks are empty by eight in the morning, presumably because everybody takes their ablutions early.

Growing a lawn here is a most interesting thing. The mali digs the ground, waters it and then goes out looking for grass. There is usually some growing around the outside sewers—small bushes of a few blades each. These he collects. The last time the townsweepers challenged him and wanted eight annas for the privilege of permitting the mali to pick the grass. These blades are carefully planted about two inches apart or more and then watered. And believe it or not as long as they are watered the "lawn" grows! It looks a bit moth eaten but there is grass.

In the hospital the summer is in full swing, sick babies with soaring temperatures. One of our nurses came the other day with a real problem. "Could you please, with the next printing, add another degree to the fever charts?" They register to 107°, but for several

babies this was not high enough. How to chart 109°? We have a bit of oxygen now and it is so gratifying to see some of these sick pneumonia babies pull through. At present we are nursing a typhoid case, a little girl, who has been unconscious now for four days. This morning she opened her eyes and seemed to take in some of her surroundings. Her mother says she cries now when she has pain. She was so happy because of this little sign of life.

Sister M. Leonie, M.D.

ATLANTA, GA.

A few weeks ago Bishop Hyland had Confirmation at Our Lady of Lourdes Church. We wanted to make an appointment for one of our little patients for the surgical clinic. The mother said she could not keep the appointment because "there were complications at Our Lady of Lourdes" that night and her little girl was to be complicated by the Bishop.

Actually there were 165 persons for Confirmation that evening. They were unable to fit all of the people into the Church and so just those who were to receive the Sacrament of Confirmation and ten people who acted as sponsors for the whole group entered the Church. There was not enough room for each person to have his own sponsor.

Sr. M. Jacob, R.N.

RAWALPINDI

Sometimes patients get cured at Holy Family Hospital; sometimes patients die at Holy Family Hospital; and sometimes patients leave Holy Family Hospital no better or no worse than when they came. In this last category goes one old fellow, Sher Dil by name, who came last week hobbling along on a cane, asking to be examined by doctor. When I first saw him he reminded me of my Uncle Paul—tall, stocky, with the look of one who has lived his whole life close to the farm, a *real* Punjabi farmer. His big complaint was his right leg, weakness and pain in it ever since a fall several weeks previous. On investigation it was discovered that Sher had a depressed fracture of the skull with some of the bone pressing on that part of the brain which controlled the nerves and muscles of his leg. A skull operation was necessary to relieve the pressure. One doctor, two doctors and finally three doctors tried to explain this to Sher but to no avail. His trouble was his leg, not his head.

To add to the difficulties, Sher had brought an X-ray of his leg with him that had been taken at some second-rate place. At one point in it, there was a definite flaw, easy for anyone to see. To a trained eye it was obvious that the flaw was in the film material itself, some defect in the manufacturing process, but to Sher it was a different story. His trouble was his leg, his X-ray showed clearly the very spot causing the trouble and the doctors at Holy Family Hospital wanted to operate on his head to cure him! Now I ask you what kind of a place is that? He had everyone laughing, even though we felt so sorry for him. We do hope he comes back.

Sr. M. Pierre, R.R.L.



Happy Pakistani farmer.

POONA

It is wonderful to have *more* Medical Mission Sisters in Poona and also to have some medical work here. Sachapir Street (Dispensary) stands for Martha, and Salisbury Park (Novitiate) for Mary. I have spent several nights in our Dispensary at Poona, because my Hindi teacher had a job in one of the schools and my class was from 4:30 to 5:30, which made it a little late to walk home. When you go to bed over there it takes a little time to get used to the noise . . . radio, etc. One night a wedding procession must have passed and I had the greatest temptation to get up and look. I am keenly interested these days in anything that belongs to Indian life, for my teacher taxes my imagination to the utmost. The other day I had to write a composition about a journey in a bullock cart. One time she made me write a letter to my friend telling

her that I attended a wedding (Hindu) in Benares and at the same time I had to relate what I saw sightseeing the city!

I wonder when those people on Sachapir Street sleep. When one wakes up in the early night they are still going strong and before our alarm clock goes off in the morning, you hear the *chaukidar* in the street shout several times: "Sathi, uth!"—Friend, get up!

On March 24th, twenty-seven Jesuits were ordained in St. Xavier's. On the Feast of the Annunciation, Father William Moran, S. J., one of the newly ordained, sang his First Solemn High Mass in our Chapel. Father Moran is an American and had been here several times. When Father Miranda asked if Father could say his First Mass, we said, we would be very glad, but we did not like to give up our High Mass, since it was our big Feastday. Then Father Moran said: "If a High Mass, why not a solemn one?" Of course we were only too happy. The first row of *prie-dieus* was taken out. The choir always sings in the parlor anyway. Really it was all so solemn with four priests on the altar. The altar itself was lovely with white lilies. The De Nobili College provided their own vestments for the deacon and subdeacon. Before Mass we sang *Veni Creator* and afterwards the *Magnificat*. Sr. M. Henrietta

KARACHI

Friday, the 20th of May, was really red-letter day—for the Mohammedans because it is the last Friday of their fast, and for us because we reached Karachi. Sr. M. Martin had even sent Sr. M. Ursula down to meet us, and good she did. The dock was forlorn because of its being *that* Friday; only a few officials were about, and

after all kinds of elaborate forms for shore leave, they left without taking our passports!

We started off for Holy Family Hospital by car. Went through the downtown section with its good looking office buildings and one skyscraper of 13 stories, over wide streets, wider than Pennsylvania Avenue in Washington, D. C. and then just in front of the YWCA our car gave up the ghost, and we finished the trip by *gharry*. Holy Family Hospital is a good-looking, impressive building. It is inside a large walled-off compound, with an electric sub-station at one end. The *chaukidar* opened the gate to let us in. In spite of the terrible dryness and intensive heat—112° yesterday afternoon—there is a nice garden, but no lawn.

We came just in time for dinner. Then we had a brief tour of the hospital. I took mine as ward rounds with Sr. M. Grace, M.D.

A nurse was adjusting the oxygen when we went into the pediatric ward. That morning a three-month-old seven pounder was admitted with pneumonia, gasping for breath with a temperature of 105°. Eight hours later with good nursing care, penicillin and oxygen he was beginning to take on life, although he was still on Sub-Q fluids. Most of the other babies had either diarrhea or pneumonia, although one added variety by breaking out into measles. And there were several cases of gross malnutrition among the youngsters.

Sr. M. Andrea was quite impressed with the mannikin and teaching charts they have. Too bad Sr. M. Roberta wasn't there to elaborate! Everyone is well, but wilting a little in the heat to be sure. Heat or no heat, Sr. M. Joanna was all smiles as she admitted and discharged patients.



Most Rev. Gerald P. O'Hara, Apostolic Delegate to Great Britain.

ENGLAND

His Excellency, the Most Rev. Gerald P. O'Hara, Apostolic Delegate to Great Britain, presided at the Departure Ceremony for three Medical Mission Sisters bound for India. The ceremony took place in Campion House Chapel through the kindness of Father Tigar, S.J., and the Jesuit Fathers. The three Sisters are: Sister M. Columba O'Hare who is assigned to Bombay, India (Sister M. Columba is a veteran missionary, having spent two and a half years in the Gold Coast); Sister M. Nathaniel Reilly assigned to Thuruthipuram, South India and Sister M. Godric Coombes assigned to Poona Dispensary.

In his address, the Archbishop told the Sisters that theirs was a noble vocation: they were leaving home, family and country to minister to the needs of non-Christians overseas, caring for their stricken bodies.

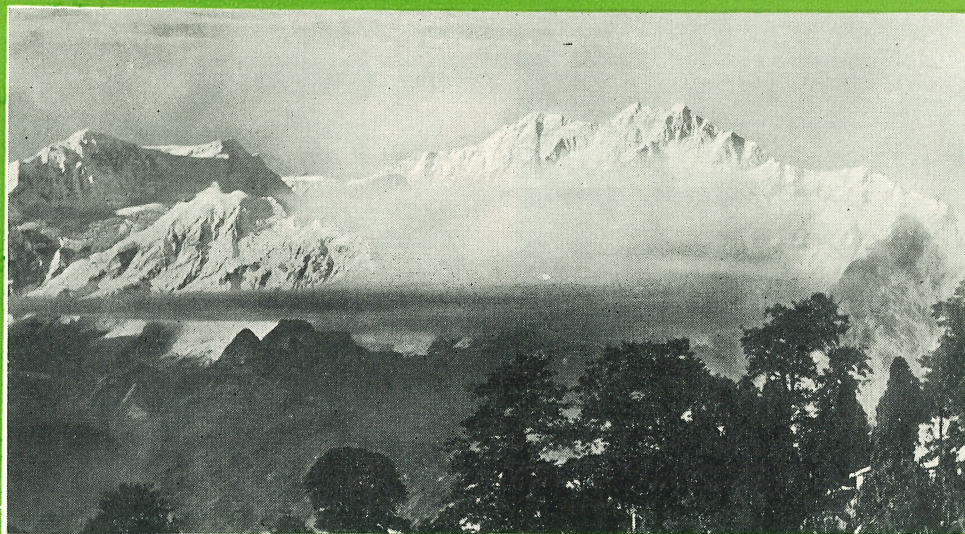
During the ceremony, the Sisters renewed their vows of poverty, chastity and obedience. At the end the archbishop sped them on their way with a special blessing from Our Holy Father.

And I wish you could have seen the look of love Sr. M. Ruth bestowed on some poor old granny, whose family had brought her to the clinic with 3° burns of both forearms, and then more or less abandoned her. Granny will never forget Sr. M. Ruth.

Sr. M. Frederic, M.D.

(Below) Sisters at the Departure ceremony, left to right: Sr. M. Elizabeth, Sr. M. Katherine, Sr. M. Godric, Sr. M. Columba, Sr. M. Nathaniel, Sr. M. Laurentia, Sr. M. Charlotte.





THROUGH A DARJEELING WINDOW

Sr. M. Ignatius Marie

WOULD you look through my window with me?

Rimming the horizon is the Singalela Range of the Himalayas, snow capped and of majestic splendor. Of its many well known peaks, the best known is Kinchinjunga, with its twin pinnacles, the third highest mountain in the world, and with Everest and K2 conquered, the highest unclimbed peak.

The Tibetan name for this mountain translates into "Five Treasures of the Great Snows." These treasures, only forty-five miles from us as the crow flies, but many a weary day's hike, contain beauty, ice, snow, light and shadow that flash forth by sunlight or by moonlight and as quickly hide again behind the mists which rise from the foothills and valleys or drop from above like a drawn shade.

It is difficult to say when the scene is the most beautiful. Dawn turns the silvery peaks to gold and

soon a myriad of colors gleam forth from its ice covered slopes. Later, on a clear day, the crest stands forth high and remote against a cloudless blue sky, as if it were a painted canvas. Evening finds the setting sun slanting low and golden through the lower passes, while the lofty heights have as a back drop the glorious colors of the sunset. Comes again the full moon to restore their silvery dress, cold, stately, calm and aloof. Yet never is their splendor less nor their glory diminished.

Faster than a curtain falls in a theatre, the mists roll in to shroud the mountains leaving only the foothills to be seen. At times these are a mass of varying hues of green, blue, violet and brown. Today, they too, have snow on them and the nearest one, concave in shape, looks like a heavy comber that has broken on the shore and is falling back into the sea. At other times, the mist hangs so thickly below us that it seems like snow, inviting

us out in it, to renew the joys of youth.

Nestled in those valleys to be seen from the window but not themselves visible, are several mountain streams such as the Ramman, the Little Rangit and the Rangno, all of which flow into the Great Rangit before it joins the Tista, not far from here. All have their source in the Singalela Range and winding their way twixt towering cliffs and through glorious valleys, ultimately flow into the Bay of Bangal.

The mid-distant hills are tangled mountain country, slashed in places by the scars of old land slides and by glistening water falls, dotted with a few green meadows and fringed with pines, silver firs, deodare, junipers, oak and sal trees, all well covered with moss. On these hills as well as on the nearer ones, various kinds of rhododendrons, magnolia and hydrangea abound. In the dense sub-tropical undergrowth, ferns with fronds six feet and longer are common.

The nearest hills are completely covered with tea gardens. The countless rows of regular shaped bushes looks as if some skilled designer had taken endless yards of soft green velvet, twisted it into thousands of perfect rosettes, pleated it in heavy folds in the valleys, tucked it neatly on the cultivated terraces, smocked it well

on the wooded slopes and spread it smoothly around the spacious homes of the tea planters. When the tea is ready for picking, hundreds of Nepali women and children in their gay colored clothing dot the hillsides like a host of brilliant butterflies hovering around the tea bushes.

A tree, bearing fruit similar to the rum cherry at home, bamboo and banana trees, as well as the wild raspberry bushes bordering the garden are happy hunting grounds for nut hatches, warblers, babblers, bulbuls and thrushes. Of these birds, the blue-black whistling thrush produces the finest song. He usually pours it forth as the sun is going down and the air is laden with the heavy sweetness of the wild ginger blossoms.

In the garden the nasturtiums, fuchsias, straw flowers and dahlias are in full bloom. All the lilies have finished blooming but the rich dark green leaves of the arum lilies still add beauty to the garden. Some late blooming roses display their loveliness. The chrysanthemums are beginning to open and soon will be a picture worth seeing. The barberry bushes, thickly laden with their scarlet and orange berries add their own note of color.

Darjeeling, it is true, has about one hundred twenty inches of rainfall a year but it pays rich dividends of beauty in the end.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of \$..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

BLESSING of a NEW BUILDING

IMSTENRADE, HOLLAND

The blessing of the new Provincialate was certainly a landmark in the history of the Society. The building takes your breath away. It seems to be so well planned and executed down to the last detail—so simple—so practical and yet not luxurious which is just what we desire for our religious life.

Bishop Lemmens said the 8 A.M. Mass and this was the community Mass that day. He presided at breakfast and gave a special address to the Sisters.

After singing the Veni Creator in the chapel we went in procession, singing the Litany of Saints to

the new building. His Excellency blessed everyone and by that time a large crowd of friends had arrived. All assembled in the large hall (originally intended for a large classroom). Speeches were made, of course in Dutch, so someone else must tell you about them. Sr. M. Eleonore's "Thank you" seemed fine. The vestibule of the "intended chapel" was used as a parlor, and for nearly two hours people pressed through—signing the visitor's book and returning for coffee in the large hall.

There were 123 Sisters in the house for the day.

Sr. M. Ann, S.C.M.M.
(South Shields)



His Ex. Bishop Lemmens blesses the crucifixes at the Opening of the new building, Holland.

Under the Microscope



We just crawled out from under the microscope—myself and the microbiology class. The nurses were supposed to be learning about flagellates which whip up so many cases of Kala azar in this part of the world, the coccus ball which rolls round so many diseases, that elusive virus—and some other terrible names which they still cannot spell. The truth is we didn't have a microscope. Passing a few textbooks around which contained some illustrations, supplied the visual instruction. An artist emerged from the class and captured the amoeba and malarial plasmodium on paper for the bulletin board.

All this came about when our new Sister tutor "fresh from the States" decided that her first group

of probationary students should acquire a proper respect for germs, so that her lessons in sterile technique would not be in vain. I agreed to take on the probationers and play them against my senior nurses class. In the final test the seniors won but I was a little worried for awhile.

About that microscope! We do have one in our little hospital laboratory—a relic of U. S. Army days. It keeps growing fungi on the lenses to confuse the three doctors and ten laboratory students who use it. When something exciting shows up and an alert lab student is on duty, she runs to the four corners of the hospital to round up the microbiology class for a peep.

Sr. M. Adelaide

Congratulations to *LOTS FOR LITTLE*

Our sincere congratulations to LOTS FOR LITTLE on their Silver Jubilee! For 25 years they have served as a powerful auxiliary—helping seven different charitable organizations to carry on their work among the sick and poor.

Medical Mission Sisters were privileged to be one of the initial beneficiaries of this permanent Thrift Shop and have watched it grow under the guidance of many zealous promoters. AD MULTOS ANNOS!

The aim of the shop is to utilize used things, or things no longer wanted or needed, and through their sale, change them into the "gold of charity." If you wish to participate in this work, and live in the N. Y. area, phone TR 9-3498 and they will pick up usable clothing, china, books or anything else you wish to give. Or, if you have time, they can use volunteers. One day a week, or even a few hours would be greatly appreciated. The shop is located at 1343 Third Avenue.

A little goes a Long Way



NEW DELHI, INDIA

Have you ever tried to run a car without gas? Then you can understand our predicament — trying to run a hospital without equipment. What can be done when little Rambatti arrives — with parched lips and body dehydrated from severe dysentery—Or Manohar Lal's baby with mastoiditis? Hospitalization would make the difference between life and death . . . but without equipment?

Holy Family Hospital, Delhi is ready to open its doors but it is empty . . . We need beds, instruments, sterilizers, kitchenware, EVERYTHING. If every reader would only give the price of one gallon of gas, it would give our hospital a running start. Will you?

TECHIMAN, GOLD COAST

May we point out Techiman's need for surgical needles . . . of all kinds—
1 doz. \$1.30

POONA DISPENSARY, INDIA

Forces of all kinds needed . . . each \$3.00

MYMENSINGH, PAKISTAN

Hot water is a luxury here. 2 small kerosene stoves needed for heating water
ea. \$8.00

RAWALPINDI, PAKISTAN

Approximately 80% of the people in this area are infected with T.B. One of the greatest needs of the hospital is an X-ray Unit. Up to now we have only had a little portable one. You could put some light into this picture by a gift towards this vital need. Any amount will help to start the fund.

PATNA, INDIA

Instruments in the tropics must be replaced more often than at home because even with the best of care they deteriorate rapidly. Patna needs a new microscope. Every dollar counts . . . \$200.00

MANDAR, INDIA

Here's a tongue twister from Sr. M. Barbara, M.D. — If a "cast cutter" costs \$89.00, how much can you help to cut the cost of the "cast cutter?" . . . \$89.00

DEAR SISTERS:

Here is \$..... for your mission hospitals.

for ☐ Rawalpindi

☐ Mandar

☐ Delhi

☐ Techiman

☐ Poona Dispensary

☐ Mymensingh

☐ Patna

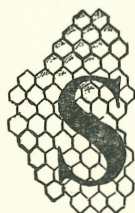
Name

Address

City Zone State

"How sweet are thy words unto my taste: Yea, sweeter than honey unto my mouth."

SUMMERTIME



UMMERTIME is traditionally the one time in the whole year that most of us get a chance to relax, "to get away from it all," as we like to say. And this is a good thing since change and relaxation are basic human needs.

How often do we hear people say, "if only I had time . . ." for God. Vacations might well supply that time, if we knew how to use them.

This is not to suggest that we turn our vacations into retreats, but rather that we learn to use leisure in a fundamentally Christian way. Leisure is not simply a cessation of activity; it is an opening out to an activity of a different kind, of a higher kind than the work-a-day world permits.

Certainly one most excellent way we can do this, is by good reading, reading directed toward the deepening of our spiritual life, and above all, reading God's word. The Bible as vacation-reading? That seems almost an absurd idea to modern Christians.

Unfortunately, such an attitude is quite widespread because modern Christians have lost their "taste" for God's word. Scripture is a closed book to too many of them. They no longer accept the psalmist's invitation "to taste and see that the Lord is *sweet*" as He speaks to us through the inspired words of

Sacred Scripture. Their "taste-buds" for God's word have been dulled from sheer lack of use.

Vacation-time would be a wonderful opportunity to re-awaken or to deepen our appreciation once again for these words of God as the Spirit utters them in the various books of the Old and New Testaments. During the summer months, the Church is reading from the Book of Kings, that wonderful story of David, the man after God's own heart; or a little later, from the Books of Wisdom, and of course, always and everywhere from the Book of Psalms. Why not try to read along with Her?

Even the places we choose for vacation spots could be conducive to this quiet reading and meditation of God's word; the stillness of the country-wood, the broad expanse of ocean and shore, the dawns and sunsets which speak to us of God's presence and beauty through the words of nature, this "news of God." These things give a "perfect setting" for listening to God's word.

This summer let your desire "to get away from it all" bring along with it the no less compelling desire to *arrive* somewhere, at a knowledge and love of God's word, speaking to a heart now quiet and at rest. "Be still, and know that I am God."

Sister M. Gerard, M.A.





Reinforcements needed!

Dear Friend:

We are leaving no stone unturned in our efforts to enlarge our crowded Motherhouse and Novitiate. It's slow work but something is bound to turn up.

We have plenty of ground here at the Motherhouse on which to build but until we have the "wherewithal" we cannot even begin.

Please help us "plow" through our financial difficulties. Your gift will help our Motherhouse grow and you will share in the rewards of our missionary labors.

Thanking you in advance, I am,

Mother Anna Dengel, M.D.

Dear Mother Dengel:

Here is a contribution \$..... to make your Motherhouse grow.

Name

Address

City Zone State